



2176

P/

## FEE TRANSMITTAL FOR FY 2003

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known:

Application No. 09/187,895  
Filing Date 11-6-1998  
First Named Inventor Busey  
Group Art Unit 2176  
Examiner Name Bayshore, W.  
Attorney Docket No. 4068.P004X2

RECEIVED

OCT 10 2003

Technology Center 2100

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666  
Deposit Account Name \_\_\_\_\_

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check  
\_\_\_\_\_ Money Order  
\_\_\_\_\_ Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	750	2001	375	Utility application filing fee	_____
1002	330	2002	165	Design application filing fee	_____
1003	520	2003	260	Plant filing fee	_____
1004	750	2004	375	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____
SUBTOTAL (1) \$					<u>0</u>

## 2. EXTRA CLAIM FEES

			Extra Claims	Fee from below	Fee Paid
Total Claims	_____	- 20** =	_____	X	_____
Independent Claims	_____	- 3** =	_____	X	_____
Multiple Dependent	_____				_____

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multipl depend nt claim, if not paid
1204	84	2204	42	**Reissu independ nt claims ver original patent
1205	18	2205	9	**Reissue claims in xc ss of 20 and over original patent

SUBTOTAL (2) \$ 0

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1813	8,800	1813	8,800	Request for inter parties reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	110.00
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	110	2814	55	Statutory Disclaimer	
1810	750	2810	375	For each additional invention to be examined (see 37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,300	1454	1,300	Acceptance of unintentionally delayed claim for priority	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

**SUBTOTAL (3) \$ 110.00**

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**Typed or Printed Name: Saina S. ShamilovSignature: \_\_\_\_\_ Date: September 23, 2003R g. Number: 48,266 T leph n Numb r: (408) 720-8300